

Residency Affidavit by Client

Agency: _____

I, _____, certify that I am
CLIENT'S NAME

☐ homeless

☐ undocumented/non-citizen

I reside at (if homeless, either write "homeless" or the address of a facility where you regularly sleep and/or receive mail, if such exists):

CLIENT'S STREET NAME AND NUMBER

CLIENT'S CITY, STATE AND ZIP CODE

I have lived at this address since _____.
DATE

I understand that this statement is valid for no more than **60 days** as of the date I sign below. I further understand that, in order to continue receiving Ryan White Part A funded services at the agency named above, I will need to provide proof of my address, which includes, but is not limited to, any type of business correspondence with my name pre-printed or a letter on company letterhead from a case manager, social worker, counselor or other professional **from another agency** who has personally provided me with services.

SIGNATURE

DATE